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United Nations Population Fund

Country programme document for Swaziland

Proposed indicative UNFPA assistance: $7.5 million: $3.0 million from regular resources and $4.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2016-2020)

Cycle of assistance: Sixth

Category per decision 2013/31: Orange

Proposed indicative assistance (in millions of $)

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.7	1.4	3.1
Outcome 2	Adolescents and youth	0.2	1.6	1.8
Outcome 3	Gender equality and women's empowerment	0.3	0.6	0.9
Outcome 4	Population dynamics	0.4	0.9	1.3
Programme coordination and assistance		0.4	–	0.4
Total		3.0	4.5	7.5

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I. Situation analysis

1. The projected 2014 population of Swaziland is 1,106,189, with 77 per cent living in rural areas and 23 per cent in urban settlements. Females constitute 52.5 per cent of the total population. The population is young, with 40 per cent under 15 years of age. Swaziland is classified as a lower-middle-income country, with a gross domestic product of $3,034 per capita, but with inequalities (Gini coefficient of 0.51) and a declining human development ranking (from middle to low). The economic growth rate is low (2.8 per cent) and, with an unemployment rate of 28 per cent nationally, the poverty level is high (63 per cent).

2. HIV and AIDS constitute by far the most pressing development challenge, with a high HIV prevalence (26 per cent) disproportionately affecting women (31 per cent), compared to men (20 per cent). The rate of new infections is high, with HIV incidence at 2.38 per cent in the population aged 18-49 years, but with even higher levels among female youth aged 18-19 years (3.84 per cent) and 20-24 years (4.17 per cent). The drivers of new infections include sociocultural barriers, risky sexual behaviour, such as low and inconsistent condom use; low comprehensive knowledge of HIV and sexuality; poor access to integrated and youth-friendly sexual and reproductive health services and commodities (including condoms); weak sexuality and life-skills education programmes for adolescents; weak coordination of HIV prevention and response programmes.

3. Swaziland is going through a demographic transition due to a fertility decline from 6.4 children per woman in 1986 to 3.3 children per woman in 2014. The working-age population (aged 15-64 years) increased, from 46 per cent in 1976 to 56 per cent in 2007, and is projected to increase to 62 per cent by 2022. While the country has made strides in investing in young people, the low quality and inequitable investment efforts impede opportunities for harnessing the demographic dividend. While 93 per cent of children are enrolled in free primary education, only 55 per cent proceed to high school, mainly due to high adolescent birth rates (87 live births per 1,000 women) and poverty. Youth (aged 15-24 years) unemployment stands at 64 per cent. This is caused mainly by inefficient investments, aggravated by limited availability and use of disaggregated data; weak inclusive investment policies; and low participation of youth in development processes, compromising the realization of their full potential.

4. While declining from 589 per 100,000 live births in 2006 to 320 per 100,000 live births in 2013, the maternal mortality ratio remains high, despite the high skilled birth attendance (88.2 per cent). Notably, 26 per cent of maternal deaths occur among youth aged 15-24 years. The main underlying cause for maternal mortality is inadequate access to high-quality maternity services, including emergency obstetric care services. Other causes include weak enforcement of standards; sociocultural factors, including gender inequality and weak capacity of women to demand their rights; and lack of comprehensive and up-to-date data for programming in this area. HIV indirectly contributes to about 46 per cent of maternal mortality. Unwanted fertility (although declining from 37 per cent in 2007 to 7.5 per cent in 2010), together with the high prevalence of post-abortion care, shows the need for intensified family planning programmes to reduce the risk of maternal mortality.

5. The adolescent birth rate is still high, though declining (87 births per 1,000 adolescents aged 15-19 years, down from 111 per 1,000 adolescents in 2007). Teenage pregnancy is attributable to early and unprotected sexual activity, which rapidly increases from 3 per cent by age 15 years to 50 per cent by the time an adolescent girl reaches the age of 17 years. Although the total contraceptive prevalence rate is high (66 per cent) and the total unmet need for family planning declined (from 24 per cent in 2007 to 15 per cent in 2014), contraceptive use among unmarried adolescents is low (15.5 per cent), with condom use at 9 per cent. The unmet need for family planning is high among adolescents (28.6 per cent) and even higher among the poorest, rural-based and lowly educated young women

(40 per cent). Women living with HIV have the highest unmet need for family planning (63 per cent). Although 75 per cent of health facilities provide adolescent health services, only 26 per cent provide youth-friendly and integrated family planning services. Other causes of the high teenage pregnancy rate are low levels of comprehensive knowledge on sexuality and HIV among adolescent girls (49 per cent); sociocultural factors that include intergenerational sex and sexual violence; and weak legal and traditional protection systems.

6. Gender-based violence is a persistent challenge, disproportionately affecting women and girls, with approximately 1 in 3 females experiencing some form of sexual abuse by age 18 years, and 48 per cent of women reporting to have experienced some form of sexual violence in their lifetime. The main causes include women's lack of awareness of their rights; weak mechanisms for coordinated prevention and response to gender-based violence; lack of data on the sociocultural determinants; limited integration of gender-based violence in sexual and reproductive health and HIV service guidelines and standards; and weak implementation of policies addressing gender inequality.

7. In the last five years, there has been a dearth of disaggregated and up-to-date population data to inform monitoring and evaluation of development programmes or to support advocacy initiatives. This has resulted in weak implementation of policies and programmes. Sectoral service data, although collected regularly, is incomplete and of low quality. Other challenges include the low capacity for in-depth analysis and weak dissemination strategies, leading to low utilization of available data. The next census is due in 2017; there are gaps in the availability and use of modern technologies for cartographic work, data collection, processing, analysis and dissemination of data within the Central Statistics Office. Implementation of the national population policy was compromised by weak institutional capacity (inadequate staffing and underdeveloped systems for monitoring the policy implementation).

8. Swaziland has, in recent years, experienced cyclic weather and climate hazards, including drought, floods and storms. While an institutional structure for coordinating the national response to disasters exists, there is a weak capacity in several areas: for timely collection of relevant data; coordinating a multisectoral response; and mainstreaming of sexual and reproductive health and rights, including HIV and violence-prevention strategies.

II. Past cooperation and lessons learned

9. In sexual and reproductive health, through advocacy and technical assistance, the programme contributed to the following achievements: (a) development of a national HIV prevention policy; sexual and reproductive health policy; integrated sexual and reproductive health strategic plan; and health-sector strategic plan. While the Government subsequently committed to integrating HIV in all maternal and child health services, integration of family planning into all health-service entry points is lagging; (b) establishment of five model health facilities as centres of excellence, with staff trained and equipped for integration of HIV in sexual and reproductive health services; (c) procurement and maintenance of three mobile health units to provide integrated services to adolescents and youth in selected sites, reaching 6,561 young people. In addition, 9,840 young people were reached with social and behaviour change communication in Shiselweni region; (d) reduction of stock-outs of reproductive health commodities at facility level in Shiselweni region, from 100 per cent in 2012 to 20 per cent in 2014, by strengthening the capacity of the Ministry of Health for national forecasting, procurement and monitoring of commodities, using the logistics management information system; (e) procurement of reproductive health commodities, contributing to a couple year protection for 168,067 couples, averting 369 maternal deaths, 88,860 unintended pregnancies and 15,106 unsafe abortions; (f) implementation of eight of the 10 steps in comprehensive condom programming. However, major gaps persist: in equitable delivery of integrated family-planning information and services, particularly

among adolescent girls; the national budget for reproductive commodities and supplies is inadequate; reproductive health commodity supply chain management in several regions remains weak.

10. In gender equality and empowerment of women, the programme successfully advocated for a number of interventions: (a) with the Government and policymakers for increased awareness of gender-based violence; this led to the establishment of a national high-level interministerial committee awaiting the approval by cabinet as well as a draft national strategy for prevention of and response to gender-based violence; (b) with two civil society organizations for improved response to gender-based violence; this led to an increase in counselling and referral services of violence survivors (from 49 in 2010 to 3,992 in 2014); (c) with the Gender and Family Issues Department enhancement of capacity through the recruitment of a resident technical advisor; this resulted in a 70 per cent implementation rate of gender policy action plan interventions; (d) establishment of a 'men engage' network to reach men and boys to address the weak participation of men in gender-based violence prevention interventions. However, increased male engagement at the national level is needed to address gender-based violence; and (e) in one region, establishment of a functional referral network of gender-based violence survivors between the police and health services, to be rolled out nationally.

11. In population and development, the programme achieved the following: (a) skills of staff of the Central Statistics Office were strengthened to ensure a successful execution of the intercensal demographic and housing survey, vulnerability assessments and the population projection report; and (b) capacity of the national population unit was enhanced through the development of tools for effective integration of population variables in national development and sectoral plans. Despite these achievements, the programme evaluation identified the need for capacity improvement in data generation and in-depth data analysis, dissemination and use, as well as further integration of population issues into development planning.

12. Lessons learned include the following: (a) integration of HIV in sexual and reproductive health contributed to increased access and coverage of services. The same approach will be used to improve integration of family planning programmes into all maternal and HIV service delivery points; (b) intensifying partnerships with academic institutions provides an opportunity for improved data dissemination and utilization; (c) in order to harness the demographic dividend, the focus should be on adolescent girls, the most vulnerable and underserved group, prioritizing their development needs and sexual and reproductive health and rights.

III. Proposed programme

13. The sixth country programme, 2016-2020, is a product of joint efforts of the Government, stakeholders and UNFPA. It is aligned with the National Development Strategy 2022 and beyond; the UNFPA strategic plan, 2014-2017; and the United Nations Development Assistance Framework, 2016-2020.

A. Outcome 1: Sexual and reproductive health

14. Output 1: National and regional government institutions have capacity to deliver integrated equitable and high-quality family planning services. Strategies include the following: (a) advocating for increased national resource allocation to ensure reproductive health commodity security and high-quality family planning services, targeting particularly vulnerable adolescents and young people; (b) supporting implementation of national policies, guidelines, protocols and strategies on integrated family planning, including dual protection; (c) strengthening the capacity of health-care service providers to deliver the whole range of youth-friendly and high-quality family planning method mix and for uninterrupted supply of reproductive commodity at health facility level; and (d) building

capacity of civil society and youth to advocate for equitable youth-friendly services that integrate HIV prevention and family planning particularly in rural areas, targeting the most vulnerable groups.

15. Output 2: National and regional government institutions have capacity to deliver integrated sexual and reproductive health and HIV-prevention programmes that are free of stigma and discrimination, including in humanitarian settings. This will be achieved by (a) supporting the development of integrated essential service packages, protocols, guidelines and quality-assurance tools for integrated sexual and reproductive and HIV-prevention services targeting young people, particularly the poorest, rural-based and low-educated young women and adolescents; (b) building the capacity of health-service providers on integrated non-discriminatory youth-friendly service provision; (c) conducting evidence-based advocacy, targeting policymakers and health-service providers for provision of high-quality, integrated and equitable sexual and reproductive health services and improved maternal health; (d) supporting implementation of the full 10-step-comprehensive condom programming; and (e) providing technical assistance to integrate sexual and reproductive health and HIV in health-sector emergency preparedness plans.

B. Outcome 2: Adolescents and youth

16. Output 1: Increased government and civil society capacity to design and implement out-of-school and school-based comprehensive sexuality education programmes that promote human rights and gender equality. Strategies include the following: (a) advocacy for (and monitoring of) the implementation of sexual and reproductive health, HIV prevention and education policies that protect the rights of adolescent girls; (b) capacity-building of the Government and civil society to increase coverage of out-of-school comprehensive sexuality education programmes through community engagement and mobilization; (c) establishment of forums for youth participation in development processes; (d) development and operationalization of leadership development programmes for adolescent girls, particularly in rural areas, in collaboration with development partners and civil society; and (e) support for development of a comprehensive sexuality education curriculum for training of pre- and in-service teachers.

C. Outcome 3: Gender equality and women's empowerment

17. Output 1: National and regional government institutions have capacity to prevent gender-based violence including in humanitarian settings. Strategies include the following: (a) advocating for and providing technical support to scaling up the functional referral network of gender-based violence survivors between the police and health services to national level; (b) building the capacity of the Gender and Family Issues Department of Government and identified civil society organizations to develop and coordinate programmes on engaging boys and men; (c) advocating for the enactment of the Sexual Offences and Domestic Violence Bill as well as approval and implementation of the national gender-based violence prevention strategy; and (d) providing technical assistance to government entities and inter-agency working groups to integrate gender-based violence in humanitarian preparedness and response plans.

D. Outcome 4: Population dynamics

18. Output 1: Government, civil society, including academic institutions, have capacity for research and production of quality and timely disaggregated data on population and development issues and to disseminate it for use in programming and policy, including in humanitarian settings. Interventions include the following: (a) providing technical assistance to the Central Statistics Office on the use of modern technologies and innovative approaches in data collection, processing, analysis and dissemination in preparation of the 2017 population and housing census; (b) generating evidence through surveys and research on legal and sociocultural determinants contributing to protection or violation of rights of youth

and adolescents in sexual and reproductive health, HIV and gender-based violence; (c) building capacity of programme managers and planners for in-depth analysis of population surveys and service data; (d) supporting the preparation of a demographic dividend advocacy document, followed by evidence-based advocacy for increased investments in young people; (e) establishing and popularizing different information-sharing forums to encourage use of data, targeting civil society, government sectors, parliament, academia and youth; and (f) supporting the revision of the population policy to promote integration of population variables in development plans.

IV. Programme management, monitoring and evaluation

19. The Ministry of Economic Planning and Development will provide direct oversight of the implementation arrangements, with national execution as the preferred implementation modality, aligned to the capacity of partners and using United Nations 'delivering as one' modalities. UNFPA will expand partnerships with the Government, the private sector, civil society, academia and development partners for programme implementation and co-financing of the programme. The country office will use the completed donor mapping framework to guide the development of a joint resource mobilization and communication strategy.

20. The country programme will be operationalized through joint annual workplans as per the standard operational procedures for 'delivering as one'. Programme progress will be measured annually, in line with the UNFPA results-based management approach, and guided by the United Nations joint monitoring and evaluation framework. UNFPA will conduct risk assessments, develop contingency plans and adopt mitigation measures. In the event of a humanitarian emergency, activities will be reprogrammed to support emergency response interventions, in consultation with national counterparts.

21. The country office, with technical support from the regional office, has conducted a human resource needs assessment in line with the country classification and will implement the corresponding plan of action. Through South-South cooperation, the country office will seek technical assistance from other country offices, regional office, regional entities and other United Nations organizations.

RESULTS AND RESOURCES FRAMEWORK FOR SWAZILAND (2016-2020)

National priority: Increased life expectancy from 49 years in 2006 to 60 years by 2022, with an HIV-free nation and reduction of child and maternal mortality
UNDAF outcomes: By 2020, communities and national institutions resilience and management of natural resources improved; children's and adolescents' access to quality and inclusive education and retention in school increased; families and communities access to and uptake of integrated quality health and nutrition services increased; youth risky sexual behaviours reduced and citizens uptake of HIV services increased; access to and quality of priority public service delivery to citizens improved; and citizen and civil society organizations participation in decision-making processes at all levels increased

Strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Unmet need for family planning *Baseline: 15, Target: 10* • Percentage of young people aged 15-24 yeas who report using a condom during first sex. *Baseline: 49 (male) and 43 (female); Target: 70 (male) and 65(female)* • Percentage of service delivery points at national level with no stock outs of contraceptives in the last six months. *Baseline: 76; Target: 95* • Adolescent birth rate. Baseline: 87/1000; Target: 70/1000	Output 1: National and regional government institutions have capacity to deliver integrated equitable and high-quality family planning services	• Number of up-to-date guidelines, protocols and standards for health-care workers for the delivery of high-quality integrated sexual and reproductive health/HIV and gender-based violence management services for adolescents and youth *Baseline: 2; Target: 6* • Percentage of health facilities integrating family planning in all maternal and HIV service entry points *Baseline: 9; Target: 50* • Percentage of health facilities providing youth-friendly integrated family planning services *Baseline: 59; Target: 80*	Ministries of Health, Economic Planning and Development, AIDS Health Care Foundation; Population Services International; The Family Life Association of Swaziland; Elizabeth Glaser Paediatric AIDS Foundation; National Emergency Response Council on HIV/AIDS; President's Emergency Plan for AIDS Relief; United Nations Children's Fund; Joint United Nations Programme on HIV/AIDS; World Health Organization; the media; and academia	$3.1 million ($1.7 million from regular resources and $1.4 million from other resources)
	Output 2: National and regional government institutions have the capacity to deliver integrated sexual and reproductive health and HIV-prevention programmes that are free of stigma and discrimination, including in humanitarian settings	• Swaziland achieves implementation stage of the UNFPA 10-step strategic approach to comprehensive condom programming *Baseline:* No (8/10), *Target:* Yes (10/10) • Health sector rapid response programme incorporates sexual and reproductive health rights/HIV and gender-based violence in the humanitarian preparedness plans *Baseline: No; Target: Yes*		
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicators: Percentage of young people aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission *Baseline: 50.9 (male) and 49.1 (female); Target: 70 (male and female)*	Output 1: Increased government and civil society capacity to design and implement out-of-school and school-based comprehensive sexuality education programmes that promote human rights and gender equality	• Existence of a comprehensive sexuality education curriculum for teacher training schools *Baseline: No; Target: Yes* • Number of government institutions and civil society organizations with capacity to implement comprehensive sexuality education programmes for out of school adolescents and youth *Baseline: 1; Target: 4*	Deputy Prime Minister Office; Ministries of Health; Sports, Youth and Culture Affairs; Education; National Emergency Response Council on HIV/AIDS; Swaziland National Youth Council; United Nations Children's Fund; United Nations Educational, Scientific and Cultural Organization; the media	$1.8 million ($0.2 million from regular resources and $1.6 million from other resources)

Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator(s): Percentage of women aged 15–49 years who think that a husband/ partner is justified in hitting or beating his wife/partner under certain circumstances *Baseline: 19.9; Target: 15*	Output 1. National and regional government institutions have capacity to prevent gender-based violence including in humanitarian settings	Output indicators: • Swaziland has a functioning referral system for gender-based violence response *Baseline*: No; *Target*: Yes • Number of civil society organizations with the capacity to design and implement programmes engaging men and boys on gender equality (including gender-based violence), sexual and reproductive health and rights *Baseline: 0; Target: 5*	Deputy Prime Minister's Office, Ministry of Health; United Nations Children's Fund; World Health Organization; United Nations Development Programme; Swaziland Action Group Against Abuse; Royal Swaziland Police; the media; academia; and Parliament	$0.9 million ($0.3 million from regular resources and $0.6 million from other resources)
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Census data collected, processed and analysed, results published and disseminated *Baseline: No; Target: Yes* • Number of key national development plans that address population dynamics by accounting for population trends and projections in setting development targets *Baseline: 2; Target: 6*	Output 1. Government, civil society, including academic institutions, have capacity for research and production of high-quality and timely disaggregated data on population and development issues and to disseminate it for use in programming and policy, including in humanitarian settings	Output indicators: • Number of researches on critical determinants contributing to protection or violation of rights of youth and adolescents in the areas of sexual and reproductive health, HIV and gender-based violence *Baseline: 6; Target: 10* • Number of selected government institutions with skilled staff and modern technologies to collect, analyse and disseminate socioeconomic and demographic data *Baseline: 0; Target: 4* • Number of functional participatory platforms that advocate for increased investments in adolescents and youth, within development and health policies and programmes *Baseline: 2; Target: 5*	Ministries of Economic Planning and Development; Home Affairs; Health; Education; Parliament; Central Statistics Office; National Population Unit; United Nations Children's Fund; United Nations Development Programme; University of Swaziland; the media	$1.3 million ($0.4 million from regular resources and $0.9 million from other resources) Total for programme coordination and assistance: $0.4 million from regular resources